

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
ELEVATOR, RIDE AND TRAMWAY UNIT
INTENT TO INSTALL FORM

Pursuant to Section 3001(a)(1) and Section 3001(a)(4) of California Code of Regulations, Elevator Safety Orders, accept this letter as notice that _____ Elevator Co., Phone #: _____ intends to install or alter an elevator(s) at the following location:

ADDRESS:

The following technical information is provided for your information:

Type of Unit: Pass; Frt.; DW; Esc; VRC; WCL; MW; Other. (Circle one or more)

Machine Type: _____ Rise: _____ Rated Speed: _____ Rated Load: _____

Control Type: _____ Controller Model: _____

Medical Emergency Elevator (3041e) Yes _____ No _____

If no, attach documentation from Local Authority excusing requirement.

New Technology, Design or Observation Car: Yes or No (If yes, plans are attached)

New: **If yes, Number of Units:** _____

Alteration: **If yes, Number of Units:** _____

From Part XII or ASME A17.1 – 1996:

Rule#: _____ Description: _____

Rule#: _____ Description: _____

Rule#: _____ Description: _____

Rule#: _____ Description: _____

CA State ID Number(s): _____

All necessary adjustments to the elevator will be completed before an acceptance inspection is requested. The elevator will comply with all related Safety Orders in the California Code of Regulations. Estimated completion date / / .

Prepared by: _____ Date: _____

Return Form To: Division of Occupational Safety and Health
Elevator, Ride and Tramway Unit